

Arizona Department of Health Services

Strategic Plan
Fiscal Years 2009-2013

Leadership for a Healthy Arizona

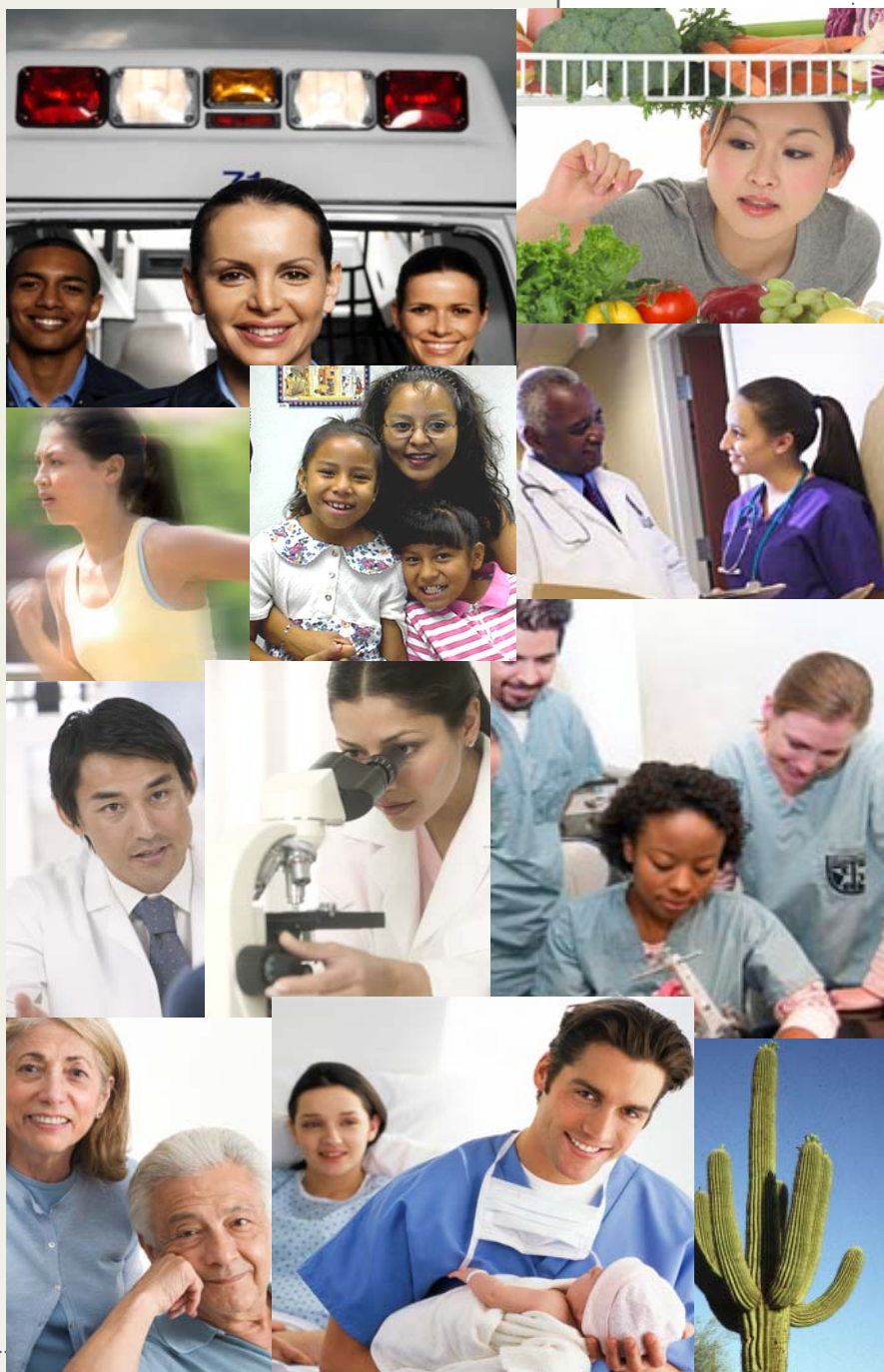


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Director's Message

The health of Arizonans is improving. Immunization rates for children and adults are rising. Infant mortality and teen pregnancy rates are falling, deaths from heart disease are declining. More Arizonans are eating at least five servings of fruits and vegetables per day.

The survival chances for Arizona's children one to 14 years old have improved (a 50 percent decline in mortality rate between 1980-2006); adolescents 15-19 years old (18 percent lower mortality risk); young adults 20-44 years of age (20 percent decrease in mortality rates); middle-aged adults 45-64 years old (16 percent lower mortality in 2005 compared to 1980); and elderly 65 year old or older (their mortality rate decreased by 8.8 percent in 1980-2006).

This is good news, but we know there is much more work to be done. The Arizona Department of Health Services is committed to helping all residents live healthier and more productive lives. We do this through critical programs that make our state healthier and safer every day.

Today, we face new and important challenges. Preparing for a flu pandemic and bioterrorism, grappling with increased Valley Fever and obesity rates, and finding ways to combat health disparities are just some of the key issues facing public health in the years ahead.

In behavioral health, we are embarking on an ambitious plan to enhance the public mental health system in Maricopa County, providing users more choices and greater participation in the treatment planning process. Statewide, we are embracing the idea that individuals who suffer from mental illness can achieve meaningful recovery and lead fulfilling lives.

We also are seeking to provide more proactive services to child care and assisted living centers, nursing homes and hospitals to better protect the health and safety of residents and patients.

On behalf of the Department of Health Services, I am please to share with you our agency's Strategic Plan for Fiscal Years 2007-2013. This plan will continue our focus on providing essential programs for improving health as well as preparing for the health emergencies of the 21st Century.

The plan is organized into two parts. First, there is a description of the five priority areas of work. The second part provides details of ADHS programs by dividing them into the following four goals that guide our work:

- Implement a population-based public health system.
- Ensure a comprehensive, unified, high quality behavioral health system for Arizonans.
- Ensure the health and safety of all Arizonans through a comprehensive system for licensing, monitoring, and technical assistance.
- Deliver courteous, efficient, responsive, and cost-effective service to the Department's external and internal customers, stakeholders, and key policymakers.

Lastly, I am pleased to report that ADHS is embarking on an agency-wide assessment of all our essential services. This will be followed by a new strategic planning process. Given the scarce resources for population level health, it is critical that we focus our work on prevention and the root causes of ill health, in an effort to be as effective as possible in working towards promoting and protecting the health of people and communities throughout our state.

I would like to thank all of you who contributed your valuable time to this plan. Our staff is our greatest resource and without your ideas and input, this plan would not have been possible.

This plan is a guidepost for the Department in our efforts to make Arizona a healthier place to live, work and play. We will use our funds wisely, coordinate efforts across the Department, and be innovative in our programs in providing "Leadership for a Healthy Arizona."

Susan Gerard
Director

Mission Statement

Promote and protect healthy people and healthy communities throughout
Arizona

Vision Statement

Leadership for a Healthy Arizona

Guiding Principles

- Invest in prevention and health promotion: Preventing physical and mental illness is ethically and financially preferable to treating avoidable morbidity and mortality.
- Improve access to healthcare: DHS plays a critical role in the delivery of health services. This is done by contracting and providing technical assistance to health providers, as a means to sustain a health system that provides high-quality, culturally-sensitive care.
- Reduce disparities in health: Compelling evidence illustrates that health is determined primarily by the social conditions in which we live and work. Further, data show that illness and early death are higher among marginalized subpopulation groups. This unfair distribution in the opportunity to be healthy demands priority attention and a long-term commitment to work with other government agencies, communities and the private sector to reduce these inequities in health.
- Be prepared: DHS must be able to respond to health threats and emergencies as expeditiously as possible.
- Build partnerships: Collaboration across DHS programs and with outside entities is essential to be effective and cost-efficient. A robust health system requires strong cooperation among a diverse group of stakeholders because a broad array of factors determines health. These include: education, transportation, air quality, and housing. DHS must seek out “win-win” partnerships across program

areas of work and with agencies in other sectors, in order to work toward achieving mutual goals.

- **Measure results:** Learning from the Department of Health Services' past experiences and from other state departments of health is essential for maintaining a standard of excellence and innovation in Arizona.

Areas of Focus

Chronic Disease: Toward a systematic approach to prevent and manage disease.

The profile of diseases contributing most heavily to death, illness, and disability among Americans has changed dramatically during the last century. Today, chronic diseases—such as cardiovascular disease (primarily heart disease and stroke), cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems (CDC, 2004). To effectively decrease the mortality and morbidity of chronic disease a system of care is required that proactively addresses prevention, early detection and treatment. A multi-pronged approach is needed to accomplish this goal, which includes: prevention and health promotion strategies, service delivery that is supported by evidence-based best practices, a health care system that is culturally responsive and targeted efforts to reduce health disparities.

In addition, developing effective partnerships is crucial for effective chronic disease prevention and treatment programs. The Department's partners span from the federal government to state universities, county health departments, public health associations, non-profit organizations and extend to the northern state of Sonora, Mexico. Without these partnerships, the Department would not be able to meet its objectives.

The Department is committed to improving these relationships by involving these constituencies in planning and resource allocation efforts. We are working to foster collaborative efforts with cross-border agencies to prevent, monitor and control public health issues and efforts. We also work with academic institutions to collaborate on health issues such as public health workforce recruitment, training, and retention.

Health Disparities: ADHS will continue to seek greater equity of access to health services for all Arizonans, and to enhance the health of those who currently have the poorest health status.

Key to developing effective program plans is taking into consideration health disparities. In other words, differences in health that are rooted in socially stratifying forces such as:

race/ethnicity, age, place of residence, and gender. Despite significant gains in health status for many of Arizona's residents, these advances have not been equally shared by everyone.

For example, Native Americans tend to have higher health risks, poorer health, and shorter life expectancies than non-Native Americans. There are also large racial/ethnic disparities when examining age of death. The mortality rate for black middle-aged adults is 872/100,000 people as compared to only 195 for Asians. If the 2006 mortality rate for Asian middle-aged adults applied to all Arizona middle-aged residents, there would have been 5,893 fewer deaths. These two examples beg for consideration of all disparities in order to design and implement effective programs.

Behavioral Health: Promote recovery, resiliency, psychosocial rehabilitation, and safety for clients of the Arizona State Hospital and the behavioral health system.

Individuals who suffer from mental illness can achieve meaningful recovery and lead fulfilling lives. With this in mind, DHS is transforming Arizona's public mental health system.

Previously, recovery was not embraced as a critical component in the treatment provided at the Arizona State Hospital nor throughout the community based behavioral health system. Most services were based on a medical model in which consumers had few choices and little say in their treatment planning process. This often led to frustration and a sense of helplessness among users who felt they had no choices and little hope. The Department now recognizes the importance of incorporating recovery and resiliency principles into the treatment provided.

We are dedicated to identifying and establishing mechanisms to promote and instill a unified vision of recovery and resiliency for the entire behavioral health system, across all populations served. We are working to embed this within the Department's organizational culture in a way that it will guide decision making, provide focus for staff and promote alignment of strategies. Key strategies include: self and family directed services, choice, empowering individuals and families, respecting diversity, expanding opportunities for integration and community involvement, instilling hope and encouragement, building on strengths, and celebrating successes.

By adopting a recovery philosophy and establishing a unified vision, the Department can better facilitate collaboration and partnerships within the behavioral health system and the community and, most importantly, with both the individuals and families served.

Emergency Preparedness: Develop a state-wide system to respond to public health threats.

The Department is facing many urgent public health issues: new epidemics, like Valley Fever and West Nile Virus; threats of chemical, biological, and radiological terrorism; and re-emerging "old" diseases like tuberculosis. This requires the Department to be active in assessing and responding to new concerns while continuing its traditional role of reacting to public health emergencies, including infectious disease epidemics, chemical spills, and natural disasters. As

the lead agency responsible for the health of Arizona residents, the Department is responsible for developing an operable statewide public health system able to prepare for, detect, and respond to large-scale natural or intentional disease events and other public health emergencies.

The Department also has a critical role to play in injury prevention and the development of a trauma system, which can respond to both the every day emergency needs of the public as well as large-scale events. Critical to success is the working partnerships developed with federal, county, and tribal health agencies, community-based organizations, public safety agencies, the media, the military, behavioral health providers, emergency medical service providers, hospitals, and Arizona/Sonora border agencies. Maintaining systems in communication and information technology is critical to ensuring that emergency preparedness efforts can respond through early warning systems, rapid communication, mobilization, and coordination.

Surveillance: Improve data collection systems and the use of information technology to disseminate health data within and beyond ADHS.

The health of Arizonans depends in large part upon the capability of the public health surveillance system to identify and monitor disease, health risks, and populations at risk. This information needs to be accessible, accurate, and timely so as to allow for the appropriate public health response. Surveillance system standards for the collection, processing and analysis of health-related data are essential inputs into the work of the Department.

Information technology needs to be better utilized to increase efficiency in the health sector. There is a movement towards electronic medical records and soon-to-be developed regional health information organizations (RHIO--specifically designed for the purpose of sharing electronic medical records and other electronic health information between health care entities). We need to work towards coordinating public health data systems to ensure not only participation in RHIOs, but to help set the stage for an effective system of electronic data sharing. This is especially true with public health preparedness activities and the need for near real-time data.

In addition, the Department is pursuing the use of technology to enable internal and external customers to access and manipulate Department data. WE are also developing our intranet to encourage collaboration within ADHS. Internal data and information on programs and policies need to be shared and managed more easily and effectively among Health Services employees.

Regulatory System: Employ a well-trained workforce in pursuit of a proactive regulatory system that investigates licenses and provides technical assistance to childcare and assisted living centers.

One of the key ways the Department advances public health is through the protection of the health and safety of children in child care centers and residents and patients of assisted living centers, nursing homes, hospitals, and other health care settings. The Department of Health Services is committed to working effectively with these licensed providers.

While statutorily mandated to license, inspect, monitor and take appropriate enforcement action for non-compliance, the Department is also committed to a proactive regulation model designed to prevent problems before they occur. Such a model includes training assistance to providers and educating providers about required standards.

These providers want reasonable and clear regulatory requirements, and help in understanding and implementing those requirements. By providing training and improved technical assistance to these providers, the Department can better protect the health and safety of Arizonans.

Goal 1: Implement a population-based public health systems

Strategy 1: Work towards preventing disease, reducing disability, and increasing access to care.

Objective 1.1: Reduce the incidence and impact of chronic disease, disability, and injury.

Objective 1.2: Increase access to primary health care.

Objective 1.3: Improve health outcomes for women and children.

Objective 1.4: Improve outcomes of health marketing efforts.

Objective 1.5: Partner with community members, agencies and businesses in implementing health initiatives.

Performance Measures:

- Number of cessation clients who receive service from the ASHline (Objective 1.1)
- Older adult death rates (ages 65+) per 100,000 as a result of a serious fall (Objective 1.1)
- Unintentional injury-related death of children ages 1-14 (per 100,000) (Objective 1.1)
- Percent of newborns who are screened through the state's newborn screening program, and percent of those confirmed with condition(s) who receive appropriate follow-up treatment.
- Number of women of child bearing age receiving folic acid education and multivitamins (Objective 1.1)
- Number of schools participating in disease prevention efforts (Objective 1.1)
- Number of J-1 visa waivers supported (Objective 1.2)
- Number of National Health Service Corp placements (Objective 1.2)
- Number of Health Professional Shortage act designations obtained (Objective 1.2)
- Percent of children with special health care needs age 0 to 18 years whose families report that community-based service systems are organized so they can easily use them (Objective 1.2)
- Percent of children with special health care needs age 0 to 18 years who receive coordinated, ongoing, comprehensive care within a medical home (Objective 1.2)
- Percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive (Objective 1.3)

- Percent of high-risk children who receive dental care annually (Objective 1.3)
- Number of children who receive preventative dental sealants through the Arizona Dental Sealant Program (Objective 1.3)
- Percent of adult population meeting nutrition standards (Objective 1.3)

Strategy 2: Build and support public health infrastructure that detects and controls Arizonans from public health emergencies, disease and environmental threats.

Objective 2.1: Partner with community providers and other public health entities to further refine coordinated responses to public health threats, risks, and emergencies.

Objective 2.2: Improve the timeliness of processing, analyzing, and reporting disease surveillance and laboratory data.

Objective 2.3: Decrease the incidence of injury and disease.

Performance Measures:

- Number of persons who have received training on bioterrorism and public health emergency response activities (Objective 2.1)
- Number and percentage of key Department staff who have completed National Incident Management System awareness training course (Objective 2.1)
- Percent of trauma center designation applicants designated within 90 days of meeting all eligibility requirements (Objective 2.1)
- Number of agencies, organizations, and other entities reporting to MEDSIS. (Objective 2.2)
- Percentage of diseases tracked using MEDSIS (Objective 2.2)
- Percent of adults (65+) vaccinated for influenza (Objective 2.3)
- Number of persons with Hepatitis C per 100,000 (Objective 2.3)
- Cases of lead poisoning (Pb> 20 ug/dL) (Objective 2.3)
- Number of new HIV cases per 100,000 (Objective 2.3)
- Percent of two year old children vaccinated with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, and 3 Hep B vaccines.
- Percent of children enrolled in child care centers with age-appropriate required immunizations.
- Percent of children enrolled in elementary and middle school with required immunizations.
- Percent of adults (65+) vaccinated for influenza
- Number of schools provided assistance with the Sun Safety Education mandate.

Strategy 3: Enhance collection, analysis and dissemination of public health data that supports Departmental goals public policy decisions.

Objective 3.1: Standardize key data elements to allow for better integration, linkages, and warehousing.

Objective 3.2: Ensure availability of public health data to public health partners while protecting confidentiality.

Objective 3.3: Ensure that public health data meets programmatic needs for high quality data.

Objective 3.4: Produce timely and accurate data using state of the art technology for data collection, processing, and analysis.

Performance Measures:

- Number of hospital emergency department and in-patient data records processed (in millions) (Objective 3.3)
- Percentage of contributors to birth and death records who are using the on-line registration process (Objective 3.4)
- Number of requests or “hits” for data on the agency’s Vital Statistics Web site. (Objective 3.4)

Strategy 4: Identify, connect, and provide support for programs and practices that encourage and enable older adults to remain as healthy engaged community members.

Objective 4.1: Enhance health promotion and disease prevention efforts aimed at improving the health of older adults.

Objective 4.2: Identify and implement changes needed to protect older adults in licensed long-term care and community-based facilities and assisted living centers.

Objective 4.3: Identify and address the behavioral health needs of older adults.

Performance Measures:

- Percent of adults (65+) receiving the influenza and pneumonia vaccine (Objective 4.2)
- Older adult death rates (age 65+) per 100,000 as a result of a serious fall (Objective 4.2)
- Percent of physically active older adults (age 65+) (Objective 4.2)
- Number of older adults (age 65+) served by the behavioral health system. Objective 4.3)

Strategy 5: Recognize, involve, and communicate with public health constituencies.

Objective 5.1: Partner with county health departments in communication, planning, resource allocation, and program development efforts.

Objectives 5.2: Provide support to the twenty-one Indian Tribes of Arizona, the three urban Indian health programs, the Inter Tribal Council of Arizona, and the Indian Health Service in accomplishing their public health goals and objectives.

Objective 5.3 Coordinate and integrate cross-border public health program efforts.

Performance Measures:

- Number of meetings with County Health Officers. (Objective 5.1)
- Number of meetings held among the directors of the Department of Health Services, the three Indian Health Services Area Offices, the Inter Tribal Council of Arizona, and the Navajo Division of Health (Objective 5.3)
- Number of tribes who have entered into bioterrorism intergovernmental agreements with the Department of Health Services (Objective 5.3)
- Number of meetings held with U.S. and Mexico Border partners on border health issues (Objective 5.3)

Goal 2: To ensure a comprehensive, unified, high quality behavioral health system for Arizonans.

Strategy 1: To promote recovery, resiliency, psychosocial rehabilitation, safety and hope for persons receiving services from the Arizona State Hospital, the Arizona Community Protection and Treatment Center, and the community based behavioral health system.

Objective 1.1: Chart the recovery vision and champion it in the community, at the Arizona State Hospital and the Arizona Community Protection and Treatment Center, and with the T/RBHAs and providers.

Objective 1.2: Strengthen the collaboration between the Arizona State Hospital and community based behavioral health providers to maximize the quality of care for persons admitted to the State Hospital and to ensure the safety of the community..

Objective 1.3: Serve Title IX children/youth who are enrolled in the public behavioral health system and their families according to the Arizona Vision and 12 Principles through the CFT Practice Model

Objective 1.4: Increase peer involvement for persons receiving services from the Arizona State Hospital and the community based behavioral health system.

Objective 1.5: Increase family and community involvement for persons receiving services from the Arizona State Hospital and the community based behavioral health system.

Objective 1.6: Achieve a cultural shift to recovery model in the behavioral health system through training and supervision.

Objective 1.7: Support the recovery model in the behavioral health system through client education on rights and self-advocacy

Objective 1.8: Achieve clinical excellence in the behavioral health system through best practice, quality supervision, and superior coaching and training practices.

Objective 1.9: Reduce seclusions, restraints, and assaults at the Arizona State Hospital.

Objective 1.10: Build a new forensic Arizona State Hospital and facilities for Hospital support functions.

Objective 1.11: Ensure a safe and secure physical hospital environment.

Objective 1.12: Increase community supervision of the Arizona Community Protection and Treatment Center and its residents.

Objective 1.13: Achieve coordination among criminal justice agencies that deal with sex offenders.

Performance Measures:

- Number of children and families with functioning Child Family Teams (Objective 1.3).
- Number of annual activities involving peer support at the Arizona State Hospital (Objective 1.4)
- Number of activities involving family members at the Arizona State Hospital (Objective 1.5)
- Number of staff trained in the recovery model at the Arizona State Hospital (Objective 1.6)
- Number of patient activities related to the recovery model at the Arizona State Hospital (Objective 1.7)
- Percent of staff trained in the coaching approach (Objective 1.8)
- Number of seclusions, restraints, and assaults at the Arizona State Hospital (Objective 1.9)
- Number of workers' compensation claims filed (Objective 1.11)
- Percent of staff receiving emergency preparedness training (Objective 1.11)
- Number of interactions among agencies dealing with ACPTC sex offenders designed to increase community networking, enhance education, and promote sharing of information and prevention strategies (Objective 1.13)

Strategy 2: To collaborate with community partners and public health in the design and delivery of behavioral health services.

Objective 2.1: DBHS and Public Health work collaboratively to achieve a viable and effective behavioral health disaster response.

Objective 2.2: Establish a common vision for individuals in multiple state systems.

Objective 2.3: Ensure accessibility to behavioral health services to tribes and residents of rural Arizona.

Performance Measures:

- Number of staff receiving National Incident Management System and Incident Command System trainings (Objectives 2.1)
- Number of meetings held with other state agencies that refer adults or youth to the behavioral health system (Objectives 2.2)
- Number of collaborations with tribes to establish direct contracts with RBHAs (Objectives 2.3)
- Number of meetings with advocates. (Objective 2.2)

Strategy 3: To Enhance Technology to Support the Arizona State Hospital, the Arizona Community Protection and Treatment Center, and the Division of Behavioral Health Services.

Objective 3.1: Implement electronic medical records at the Hospital, the Arizona Community Protection and Treatment Center and in the community based behavioral health system.

Objective 3.2: Configure the information system to support the recovery focus of the Division of Behavioral Health.

Performance Measures:

- Number of staff trained in the use of newly developed components of the electronic medical records system at the Arizona State Hospital (Objective 3.1)

Goal 3: To ensure the health and safety of all Arizonans through a comprehensive system for licensing, monitoring, and technical assistance.

Strategy 1: Increase the timeliness and effectiveness of the Department's processes for licensing and investigating regulated facilities.

Objective 1.1: Increase provider compliance with health and childcare regulations.

Objective 1.2: Improve the efficiency of the licensing process.

Objective 1.3: Improve recruitment and retention of employees.

Objective 1.4: Improve organizational effectiveness through the implementation of a comprehensive automation system.

Performance Measures:

- Percent of priority two child care complaint investigations initiated within ten days (Objective 1.1)
- Percent of priority two health care complaint investigations initiated within ten days (Objective 1.1)
- Percent of health care re-licensure surveys completed on time (Objective 1.2)
- Percent of child care re-licensure surveys completed on time (Objective 1.2)
- Percent of initial surveys completed within timeframes (Objective 1.2)
- Ratio of surveyors to facilities (Objective 1.3)
- Number of provider orientations conducted (Objective 1.3)
- Automate re-licensing (Objective 1.4)
- Number of hits to azcarecheck.com Web site (Objective 1.4)

Strategy 2: Improve communications to consumers, providers, and employees.

Objective 2.1: Improve consumer's awareness of the Department as a resource for health care and child care information.

Objective 2.2: Improve communication with licensed providers.

Objective 2.3: Improve communication with licensing employees.

Performance Measures:

- Number of visits to the licensing services website (per month) (Objective 2.1)
- Percent of licensed providers satisfied with services (Objective 2.2)

Goal 4: To deliver courteous, efficient, responsive, and cost-effective service to the Department's external and internal customers, stakeholders, and key policymakers.

Strategy 1: Address the needs of the Department's current and future workforce.

Objective 1.1: Develop and implement methods of addressing opportunities and challenges posed by an aging workforce.

Objective 1.2: Develop and implement aggressive recruitment and retention strategies to ensure adequate staffing levels and assist in meeting targeted workforce needs in areas such as nursing.

Objective 1.3: Develop and sustain staff competencies.

Performance Measure:

- Percentage of innovative work programs and arrangements utilized (i.e. virtual office; job sharing; flex schedules; return retirees; telecommuting) (Objective 1.1)
- Percent of internal promotions (Objective 1.1)
- Percent of Department staff turnover (by division) and identification of those employees within three to five years of retirement eligibility (Objective 1.1)
- Number of new hires providing feedback at completion of orientation and six-months post-hire (Objective 1.2)
- Percent of new employees retained beyond one year (target 80%) (Objective 1.3)
- Number of original probation dismissals (Objective 1.3)
- Number of recruitment surveys collected (Objective 1.3)
- Number of HR policies revised/updated (Objective 1.3)
- Percentage of supervisors successfully completing leadership training (Objective 1.3)
- Percentage of supervisors completing performance management training (Objective 1.3)
- Percentage of workforce completing and maintaining required training and cultural competencies (Objective 1.3)
- Number of mentoring and internship programs developed (Objective 1.3)

Strategy 2: Support the implementation of Department goals through improved business services.

Objective 2.1: Secure timely and cost-effective travel services for Department staff.

Objective 2.2: Implement improvements to the Department's current procurement policies, practices, and procedures.

Objective 2.3: Develop user-friendly policies and procedures that contribute to increased operational efficiencies.

Performance Measures:

- Average days to pay travel claims (Objective 2.1)
- Number of contract amendments processed (Objective 2.2)
- Percent of purchase and contract requisitions processed in 10 days (0-\$1000) (Objective 2.2)
- Percent of purchase and contract requisitions processed in 12 days (\$1,001-5,000) (Objective 2.2)
- Percent of purchase and contract requisitions processed in 20 days (\$5,001-50,000) (Objective 2.2)
- Percent of written policies and procedures revised and implemented (Objective 2.3)

Strategy 3: Work with Department stakeholders and external partners to identify and apply emerging technologies that will support and improve the delivery of health programs and services.

Objective 3.1: Refine information technology policies and procedures to address new security concerns, emerging technology, and business needs.

Objective 3.2: Provide a highly available and flexible information technology environment that supports the implementation and maintenance of enterprise applications, business communications, and internet-based public services.

Objective 3.3: Enhance the Department's ability to further the State's e-Government initiative through implementation of Internet technology.

Objective 3.4: Identify and communicate information technology priorities and planning efforts.

Objective 3.5: Provide and maintain high quality, current, and standardized systems for the Department and those it serves.

Performance Measure:

- Number of Department staff who can connect to Department information systems from remote locations (Objective 3.1)
- Percent of Department information technology resources supported for continuous operations (Objective 3.2, 3.5)
- Number of publicly available services provided through the Internet (Objective 3.3)

Department of Health Services

Resource Assumptions - Summary

Five-Year Strategic Plan

Current Year (FY 2008) and Future Years FY 2009 - FY 2013

All Goals - Agency Resource Summary

	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
Full Time Equivalent (FTE)	2,404.4	2,489.9	2,489.9	2,489.9	2,489.9	2,489.9
General Fund	581,932,200.0	650,318,600.0	680,641,944.9	712,458,828.7	745,844,704.2	780,878,878.6
Other Appropriated Fund	71,217,600.0	69,217,400.0	70,664,087.2	72,183,365.1	73,735,307.4	75,320,616.5
Non Appropriated Fund	1,113,240,400.0	1,173,719,100.0	1,234,130,845.7	1,297,653,048.3	1,364,445,880.3	1,434,677,762.7
Federal Funds	<u>262,228,200.0</u>	<u>262,788,500.0</u>	<u>268,438,452.8</u>	<u>274,209,879.5</u>	<u>280,105,391.9</u>	<u>286,127,657.8</u>
<u>TOTAL FUNDS - ALL GOALS</u>	<u>2,028,618,400.0</u>	<u>2,156,043,600.0</u>	<u>2,253,875,330.5</u>	<u>2,356,505,121.5</u>	<u>2,464,131,283.8</u>	<u>2,577,004,915.7</u>

Assumptions:

The Resource Assumption estimate assumes full funding for the Department's entire Decision Packages in the FY 2009 Budget Request.

The FY 2009 Budget Request was used as the base to project estimates for FY 2010 through FY 2013. An annual inflation factor of 2.15% was added to Fiscal Years 2010 - 2013.

In addition, a 3% increase for medical inflation was estimated for Behavioral Health Services and Children's Rehabilitative Services Title XIX entitlement programs.

A change in FTE Positions is not projected in this Resource Assumption.

Department of Health Services

Goal 1 - Resource Assumptions

Five-Year Strategic Plan

Current Year (FY 2007) and Future Years FY 2009 - FY 2013

Goal 1: To promote and protect the health of Arizona's children and adults.

	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
Full Time Equivalent (FTE)	749.0	765.0	765.0	765.0	765.0	765.0
General Fund	81,137,400.0	88,560,000.0	93,120,840.0	97,916,563.3	102,959,266.3	108,261,668.5
Other Appropriated Fund	18,936,200.0	19,423,200.0	19,840,798.8	20,267,376.0	20,703,124.6	21,148,241.7
Non Appropriated Fund	116,919,600.0	116,919,600.0	122,940,959.4	129,272,418.8	135,929,948.4	142,930,340.7
Federal Funds	<u>216,035,600.0</u>	<u>216,035,600.0</u>	<u>220,680,365.4</u>	<u>225,424,993.3</u>	<u>230,271,630.6</u>	<u>235,222,470.7</u>
<u>TOTAL FUNDS - GOAL 1</u>	<u>433,028,800.0</u>	<u>440,938,400.0</u>	<u>456,582,963.6</u>	<u>472,881,351.3</u>	<u>489,863,969.8</u>	<u>507,562,721.6</u>

Assumptions:

The Resource Assumptions assume full funding for the Department's entire Decision Packages in the FY 2009 Budget Request. This includes the State Match from the General Fund and Matching Federal Funds for the Children's Rehabilitative Services.

The projections for FY 2010 through FY 2013 include an annual inflation factor at 2.15 percent. An additional 3% was used for the Children's Rehabilitative Services Title XIX entitlement program to allow for an increase in medical inflation. This is reflected under the General Fund and Non Appropriated Fund area.

The FY 2009 through FY 2013 projections assume continued committed funding by the state for Maintenance of Effort and State Match requirements to draw down federal funding.

Department of Health Services

Goal 2 - Resource Assumptions

Five-Year Strategic Plan

Current Year (FY 2008) and Future Years FY 2009 - FY 2013

Goal 2: To ensure a comprehensive, unified behavioral health system for Arizonans.

	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
Full Time Equivalent (FTE)	1,153.9	1,183.4	1,183.4	1,183.4	1,183.4	1,183.4
General Fund	475,509,300.0	530,004,200.0	555,083,985.3	581,407,747.8	609,038,528.2	638,042,591.8
Other Appropriated Fund	39,307,400.0	36,807,400.0	37,557,272.2	38,364,753.6	39,189,595.8	40,032,172.1
Non Appropriated Fund	995,363,900.0	1,055,842,600.0	1,110,212,412.9	1,167,382,140.4	1,227,495,975.4	1,290,705,536.4
Federal Funds	<u>42,957,700.0</u>	<u>42,957,700.0</u>	<u>43,881,290.6</u>	<u>44,824,738.3</u>	<u>45,788,470.2</u>	<u>46,772,922.3</u>
<u>TOTAL FUNDS - GOAL 2</u>	<u>1,553,138,300.0</u>	<u>1,665,611,900.0</u>	<u>1,746,734,961.0</u>	<u>1,831,979,380.0</u>	<u>1,921,512,569.5</u>	<u>2,015,553,222.5</u>

Assumptions:

The Resource Assumptions assume full funding for the Department's entire Decision Packages in the FY 2009 Budget Request.

The projections for FY 2010 through FY 2013 include an annual inflation factor at 2.15, using the FY 2009 budget request as the initial base amount.

A very conservative 3% was added to the annual overall inflation factor to allow for the increases for medical inflation for Behavioral Health.

This increase is reflected under the General Fund area and Non Appropriated Fund area.

The FY 2009 through FY 2013 projections assume continued committed funding by the state for Maintenance of Effort and State Match requirements to draw down federal funding.

Department of Health Services

Goal 3 - Resource Assumptions

Five-Year Strategic Plan

Current Year (FY 2008) and Future Years FY 2009 - FY 2013

Goal 3: To ensure the health and safety of all Arizonans through comprehensive systems for licensing, monitoring, and technical assistance.

	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
Full Time Equivalent (FTE)	261.6	298.6	298.6	298.6	298.6	298.6
General Fund	10,014,300.0	14,425,500.0	14,735,648.3	15,052,464.7	15,376,092.7	15,706,678.7
Other Appropriated Fund	1,210,400.0	1,223,200.0	1,249,498.8	1,276,363.0	1,303,804.8	1,331,836.6
Non Appropriated Fund	950,200.0	950,200.0	970,629.3	991,497.8	1,012,815.0	1,034,590.6
Federal Funds	<u>3,234,900.0</u>	<u>3,795,200.0</u>	<u>3,876,796.8</u>	<u>3,960,147.9</u>	<u>4,045,291.1</u>	<u>4,132,264.9</u>
<u>TOTAL FUNDS - GOAL 3</u>	<u>15,409,800.0</u>	<u>20,394,100.0</u>	<u>20,832,573.2</u>	<u>21,280,473.5</u>	<u>21,738,003.7</u>	<u>22,205,370.7</u>

Assumptions:

The Resource Assumptions assume full funding for the Department's entire Decision Packages in the FY 2009 Budget Request.

The projections for FY 2010 through FY 2013 include an annual inflation factor at 2.15 percent, using the FY 2009 Budget Request as the initial base amount.

The FY 2009 through FY 2013 projections assume continued committed funding by the state for Maintenance of Effort and State Match requirements to draw down federal funding.

Department of Health Services

Goal 4 - Resource Assumptions

Five-Year Strategic Plan

Current Year (FY 2008) and Future Years FY 2009 - FY 2013

Goal 4: To deliver courteous, efficient, responsive, and cost-effective service to the agency's external and internal customers, stakeholders, and key policymakers.

	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
Full Time Equivalent (FTE)	239.9	242.9	242.9	242.9	242.9	242.9
General Fund	15,271,200.0	17,328,900.0	17,701,471.4	18,082,053.0	18,470,817.1	18,867,939.7
Other Appropriated Fund	11,763,600.0	11,763,600.0	12,016,517.4	12,274,872.5	12,538,782.3	12,808,366.1
Non Appropriated Fund	6,700.0	6,700.0	6,844.1	6,991.2	7,141.5	7,295.1
Federal Funds	0.0	0.0	0.0	0.0	0.0	0.0
<u>TOTAL FUNDS - GOAL 4</u>	<u>27,041,500.0</u>	<u>29,099,200.0</u>	<u>29,724,832.8</u>	<u>30,363,916.7</u>	<u>31,016,740.9</u>	<u>31,683,600.8</u>

Assumptions:

The Resource Assumptions assume full funding for the Department's entire Decision Packages in the FY 2009 Budget Request.

The projections for FY 2010 through FY 2013 include an annual inflation factor at 2.15 percent, using the FY 2009 Budget Request as the initial base amount.